

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SD	75316	10/14/00
O.I.P.E. CLASSIFIER		15	10/24/00
FORMALITY REVIEW	EVB	66793	01/23/01
RESPONSE FORMALITY REVIEW	CM	71632	5/9/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
— (Through numeral)... Canceled A ..... Appeal  
÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
3	3	10.3	
4	✓	15.19	
5	✓	0203	
6	✓		
7	✓		
8	✓		
9	✓		
10	✓		
11			
12			
13	N		
14	✓	✓	
15	N		
16	N		
17	✓	✓	
18	✓	✓	
19	✓	✓	
20	N		
21	N		
22	✓	✓	
23	✓		
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33	✓	✓	
34	N		
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Claim	Date						
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If more than 150 claims or 10 actions  
staple additional sheet here